

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0032606

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 350

VS 300
Rev. 4/59

1 0942

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 Center Street		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois c. CITY OR TOWN Flat River d. STREET ADDRESS (If outside, give location) 805 Center St.	
3. NAME OF DECEASED (Type or print) First Helen Middle Virginia Last Tucker		4. DATE OF DEATH Month Sept. Day 3 Year 1964	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/30/1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 51
13a. FATHER'S NAME Samuel A. Lee		13b. MOTHER'S MAIDEN NAME Jimmy Nichols	14. NAME OF HUSBAND OR WIFE Alvin O. Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 5	17. INFORMANT Address Alvin O. Tucker Flat River, Mo
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from July 22-64 to Sept 3-64 and last saw her alive on Aug 29-64 Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. H. Appleberry M.D. (Degree or title)	
22b. ADDRESS Rivermines, Missouri		22c. DATE SIGNED 9-5-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/6/1964	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo.	23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo		25. DATE RECD. BY LOCAL REG. Sept. 5, 1964	26. REGISTRAR'S SIGNATURE Ether R. Rindoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

3132200

RECEIVED
JAN 10 1960
FBI - MEMPHIS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4236
P. O. Address Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
• If this body is not embalmed, fact should be so stated above;